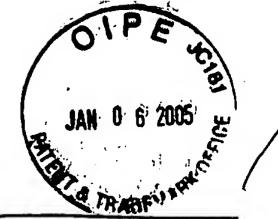
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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| 7590 10/01/2004 | | | papers. Each addition | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must | | |
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| John Christopher Christopher & Weisberg, P.A. | | | I hereby certify that | ertificate of Mailing or Trans this Fee(s) Transmittal is bein | g deposited with the United | |
| Suite 2040 | | | States Postal Service addressed to the M | with sufficient postage for fir ail Stop ISSUE FEE address | st class mail in an envelope above, or being facsimile | |
| 200 East Las Olas Fort Lauderdale, F | . 64 (65 (566) | 5 HGUTEMA2 00000018 108 | | t this Fee(s) Transmittal is being deposited with the United the with sufficient postage for first class mail in an envelope dail Stop ISSUE FEE address above, or being facsimile SPTO (703) 746-4000, on the date indicated below. Sherman (Depositor's name) | | |
| ron Laudendaie, r. | | | | A | (Signature) | |
| | 02 FC:2502 | | 700.00 00 00 00 300.00 00 00 00 00 00 00 00 00 00 00 00 0 | 2009 | | |
| | 03 FC:800 | | 30.0 0 8P | | (Date) | |
| APPLICATION NO. | | | ED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| 10/646,257 08/22/2003 | | Bria | n Potter | 22115-6U | 9477 | |
| TITLE OF INVENTION: TAILORED ATTACHMENT MECHANISM FOR COMPOSITE AIRFOILS | | | | | | |
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| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | YES | \$685 | \$300 | \$985 | 01/03/2005 | |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | | | |
| NGUYEN, NINH H | | 3745 | 416-21900R | | | |
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| CFR 1.363). Change of correspondence address (or Change of Correspondence or agents OR, alternatively, (1) the names of up to 3 registered patent attorneys 1 Weisberg, P.A. | | | | | | |
| Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a 2 | | | | | | |
| ☐ "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. | tion (or "Fee Address" Indicator or more recent) attached. Use | e of a Customer 2 registe | registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | |
| 3. ASSIGNEE NAME ANI | RESIDENCE DATA TO B | E PRINTED ON THE PATE | NT (print or type) | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | |
| Florida Turbine Technologies, Inc. 140 Intracoastal Pointe, Suite 301 Jupiter, Florida 33477 | | | | | | |
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| Authorized Signature | 1 | | Date Ja | anuary 03, 2005 | | |
| Typed or printed pame | John Christoph | er | | on No37,596 | | |
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